
**HENRY LEE WILLIS COMMUNITY CENTER, INC.
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PROJECT DESCRIPTION

Cluster Group Affiliation—HIV Outreach

Congressional Districts Served—Massachusetts 3rd

Purpose, Goals and Objectives—The purpose of this project is to augment the Henry Lee Willis Community Center, Inc., HIV/AIDS outreach team by implementing a peer driven intervention (PDI) program. The goal is to decrease the incidence of HIV infection, AIDS, and other illnesses related to intravenous drug use. The four main objectives are: to provide AIDS and harm reduction education to 150 out-of-treatment intravenous drug users (IDUs); conduct 25 skill trainings or other educational sessions with out-of-treatment IDUs; distribute 8,500 harm reduction materials to members of the target population, which will include bleach kits, condoms, crack kits, and informative literature; and collect data on all participants in the PDI and measure the efficacy of the intervention.

Target Population/Geographic Service Area—The target population is African American, Hispanic/Latino, and other minority IDUs in Worcester, Massachusetts. The immediate target area is the Main-South neighborhood of Worcester. This area is a decaying mixed-use inner-city area that extends along two miles of Worcester's Main Street directly south of the central business district. Approximately 75 percent of the 20,807 residents (based on 1990 census data) have low and moderate incomes with 28.4 percent living below the federal poverty level, a high proportion of minority population groups, and an unemployment rate reaching 20 percent.

Theoretical Model—The treatment model is a 36-month project to train 270 injection drug users in harm reduction techniques, who will then recruit and/or educate other members of their social networks with HIV/AIDS prevention information, harm reduction techniques, and the distribution of harm reduction materials. The project will address gaps in treatment capacity and access and expand and enhance the core capabilities of its HIV/AIDS outreach program. It will provide more effective services for participants and/or their families with specific needs related to HIV/AIDS, STDs, TB, or hepatitis B or C.

Service Providers—The Willis Center will administer services to the target population within its Substance Abuse Division, Community Services Program, and Adolescent Residential Division and at its homeless shelter. The principal services provider will be Henry Lee Willis Community Center, Inc. The Willis center is a diverse, multicultural, minority-based social services organization in Worcester, Massachusetts, that annually provides approximately 35,000 youth, adults, and families with a wide range of social and human services. The agency's mission is to provide an array of social and human services to the public, the poor and disadvantaged, and especially communities of color in an accessible and culturally sensitive manner.

Services Provided—The Community Outpatient Substance Abuse Clinic provides individual and group counseling, outreach, case management, and services to families of substance abusers. Channing House and Linda Fay Griffin House are residential recovery homes for men and women, respectively. The Tides Program provides intensive case management services to chronically homeless clients in need of postacute treatment services and prereidential recovery services, and Footsteps is a transitional program that provides supportive housing for women. The HIV/AIDS Prevention and Education Outreach Program provides risk-reduction education to enable individuals to prevent the spread and transmission of HIV/AIDS and related diseases in the communities of Worcester County. The program focuses on a population that traditionally does not access services, which includes IDUs, women, communities of color, and youth. The Community

Services component provides emergency food and clothing, job and housing search assistance, and programs for adolescents and youth. Youth Services include youth intervention and personal development programs. Fresh Start and Starting Point Programs provide 24-hour intensive support and therapy to adolescent boys and girls in a home setting, and DMR Community Case Management North provides services to disabled individuals to support them as they maintain dependent living in their communities. Shepherd's Place is an emergency shelter that serves six women and their children. The shelter staff help families to obtain permanent housing and increase basic life and parenting skills, while helping each woman to secure employment.

Number of Persons Served—Henry Lee Willis Community Centers, Inc., has applied for a TCE/HIV grant to implement the PDI Program. In this 36-month project, staff will train 270 IDUs in harm reduction techniques, who will then educate other members of their social networks in HIV/AIDS prevention, harm reduction techniques, the distribution of harm reduction materials, and recruit them to in turn educate others.

Desired Project Outputs—The PDI program will help to reduce the spread of substance abuse- related HIV/AIDS and other infectious diseases in African American, Hispanic/Latino, and other minority communities in Worcester.

Consumer Involvement—The Willis Center has an established Consumer Advisory Board of people who have used and are using the Agency's services. Board members represent the diverse ethnicity of the neighborhoods served by the Willis Center as well as the spectrum of programs provided. The CAB is cofacilitated by the Director of HIV/AIDS Services and the Program Staff Supervisor. It meets a minimum of four times a per year and has established operating guidelines that conform to state guidelines for agency CABs. The Willis Center will conduct a quarterly consumer focus group in which IDUs will review and provide feedback on PDI program design and educational materials and will suggest how Willis might better integrate the program into the community.

EVALUATION

Strategy and Design—The primary method of serving IDUs has been through street outreach conducted by paid staff. Therefore, the Willis Center has established protocols for collection of participant, services use, and outcome data. In addition to an established mechanism for collecting, analyzing, and reporting information, the longitudinal data already collected will provide a valuable baseline for determining the effectiveness of the program enhancements being proposed.

Evaluation Goals/Desired Results—The goal of the PDI program is to reduce substance abuse, HIV/AIDS, STDs, TB, and hepatitis B and C and related health problems in the IDU population of Worcester.

Evaluation Questions and Variables—No evaluation questions were stated. The Willis Center's PDI program staff will measure the frequency of injection, syringe sharing, crack cocaine cooker/filter sharing, rinse water sharing, and unsafe sex at the initial interview and upon follow-up to determine the level of behavior change. Behavior change will also be evaluated based on the participant's decision to become a peer educator, which has been shown to have a positive effect on behavior change. The peer education program component staff will determine the number of educators trained in HIV and risk reduction education and the number of educators referred to HIV counseling and testing to outpatient and detoxification or methadone maintenance programs. These will show any increase in participant knowledge of healthy behaviors as well as positive action toward improved health. The peer education program staff will evaluate its impact on a quarterly basis using a standardized evaluation process developed by the San Francisco

Department of Public Health. Outreach and education results will be measured by the numbers of IDU packets, vitamins, and condoms distributed; higher numbers will indicate improved needle hygiene and safer sex practices. The number of participants who receive HIV and risk reduction education and the number of referrals to counseling and testing, substance abuse services, treatment, and other health services will also be determined. The ultimate measure will be the incidence of new HIV infection cases that are attributable to transmission through injection drug use or contact with an IDU. This will be measured by the Massachusetts Department of Public Health (MDPH).

Instruments and Data Management—Information will be gathered on the PDI assessment sheet by an outreach worker during the interview and then entered into a database, which will allow statistical analysis. Focus groups will be held to gather further information from the target population on needs and barriers to healthier behaviors as well as on programs that are perceived as helpful. Participant satisfaction surveys will be collected and reviewed quarterly. Data collection will comply with all MDPH guidelines for data collection and reporting.

APPROVED FUNDING LEVEL

01: \$82,030 02: _____ 03: _____

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